

## Urgent Care in Primary Care Update

Governing Body meeting

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6 April 2017

<b>Author(s)</b>	Kate Gleave, Deputy Director, Strategy and Integration
<b>Sponsor</b>	Peter Moore, Director of Strategy and Integration
<b>Is your report for Approval / Consideration / Noting</b>	
Consideration and acceptance.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Staff from across the organisation will be required to prioritise the actions required over the next eight weeks.	
<b>Audit Requirement</b>	
<p><b><u>CCG Objectives</u></b></p> <p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <ol style="list-style-type: none"> <li>1. To improve the quality and equality of healthcare in Sheffield</li> <li>2. To improve patient experience and access to care</li> <li>3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield</li> <li>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</li> </ol>	
<p><b><u>Equality impact assessment</u></b></p> <p><b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b></p> <p>Not currently but an Equality Impact Assessment will be undertaken as part of the options appraisal process prior to the Governing Body decision on which options to formally consult on.</p>	
<p><b><u>PPE Activity</u></b></p> <p><b><i>How does your paper support involving patients, carers and the public?</i></b></p> <p>Pre-consultation engagement with specific vulnerable groups is currently being undertaken and is being fed into the design of further options</p>	
<b>Recommendations</b>	
<p>The Governing Body is asked to: note</p> <ul style="list-style-type: none"> <li>• Noted the progress made over the last month</li> <li>• Noted the actions planned for the next eight weeks</li> <li>• Consider and accept the intention to present revised options in outline at the May Governing Body</li> </ul>	

# Urgent Care in Primary Care

## Governing Body Update

6<sup>th</sup> April

Kate Gleave on behalf of Peter Moore



**Reminder of progress to date**

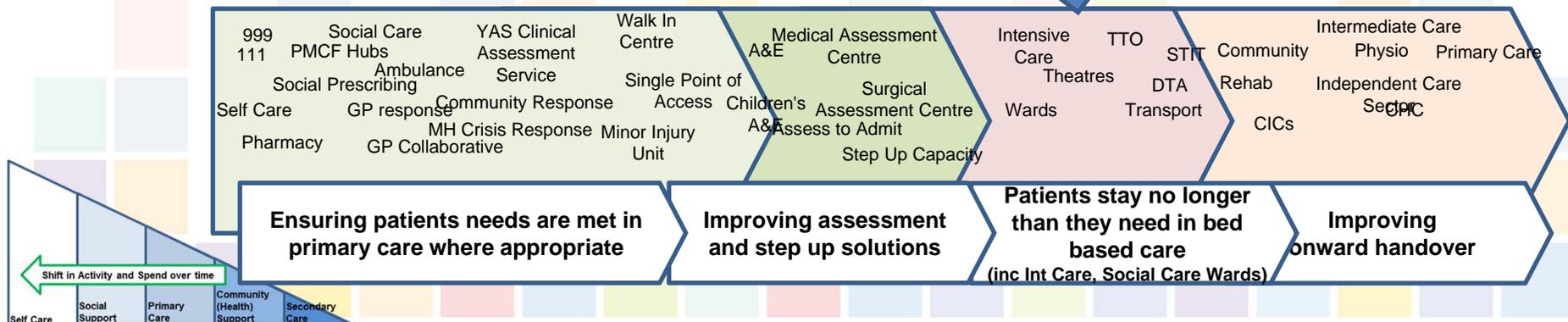
NOVEMBER 2016:  
**Reset Strategic Direction for Urgent Care** with an ambitious strategy which fundamentally supports a shift of resources into Primary Care and works towards tackling health inequalities



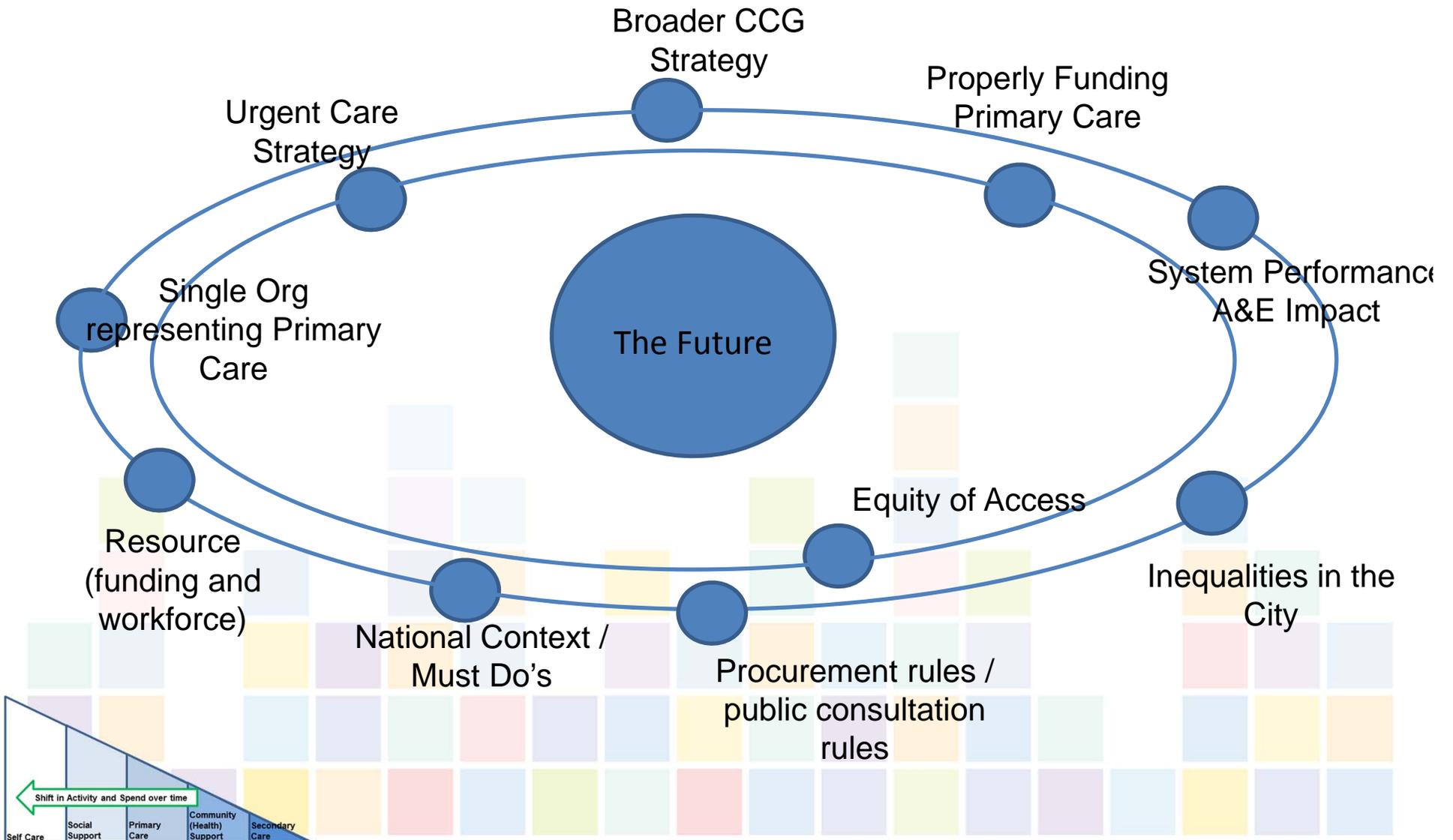
**Aggressive programmes of work to deliver**

- Scope of UC in PC Review
- Adult ED and Paed ED
- Minor Injury Unit at Hallamshire
- Eye Casualty Unit
- GP Collaborative (Out of hours GP)
- Broad Lane Walk in Centre
- YAS Emergency Care Practitioners
- Prime Ministers Fund Challenge Hubs
- Urgent Care in General Practice

Chunked this into **deliverable workstreams**

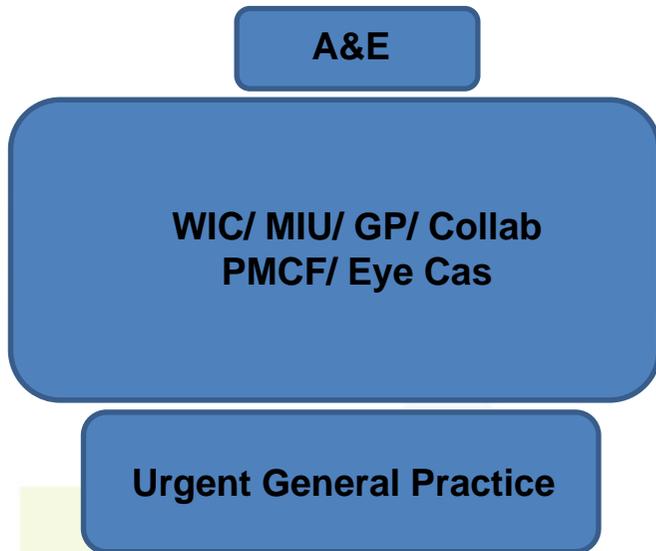


**Factors contributing to our decision**



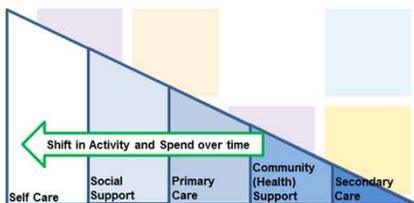
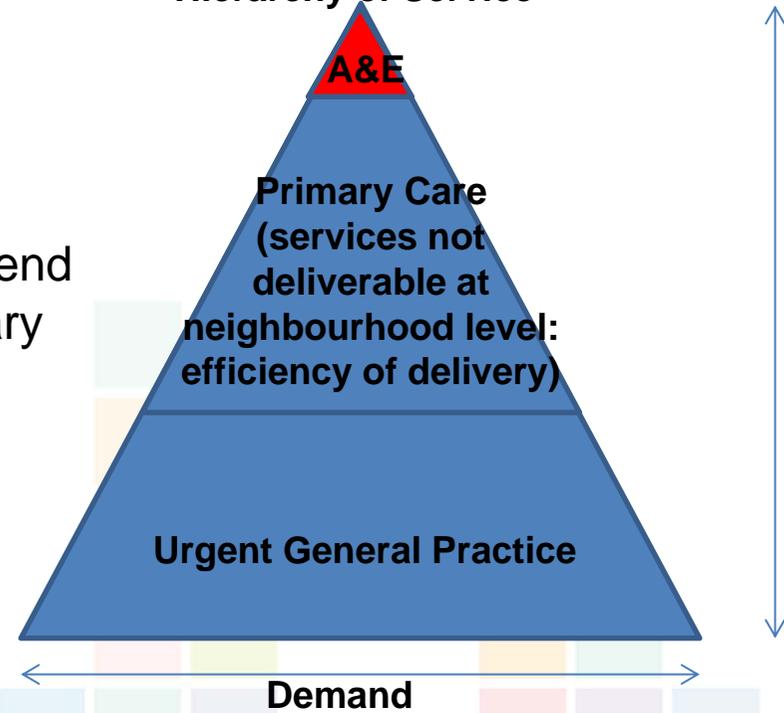
**Properly Funded Primary Care**

**Current Hierarchy of Service**



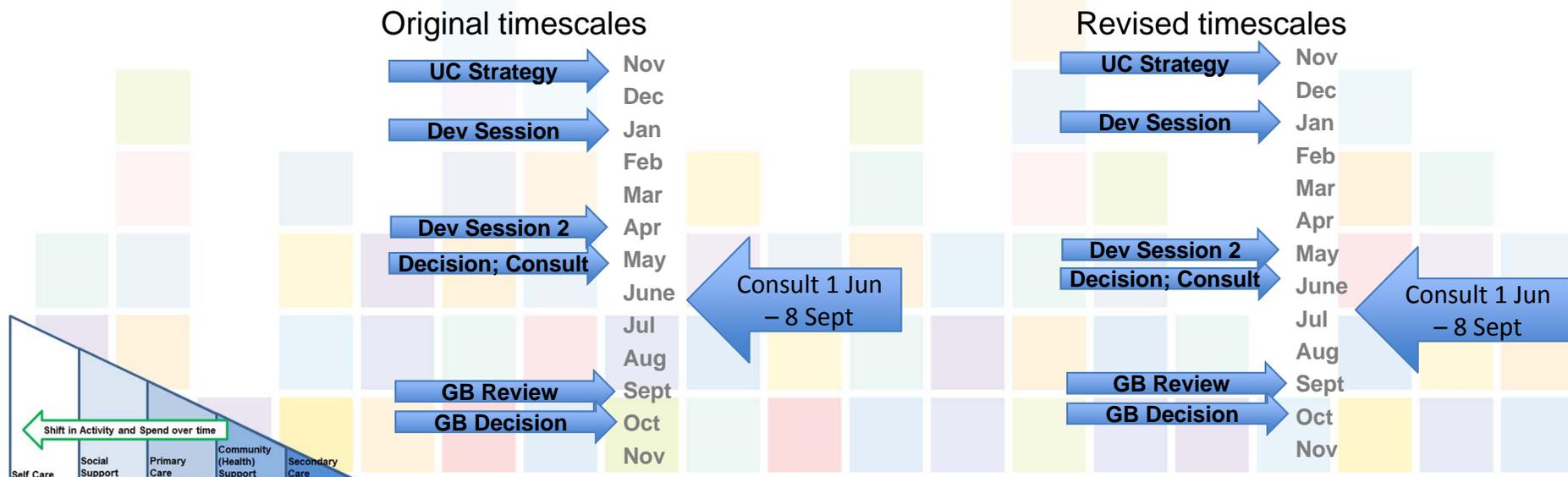
Estimated that £14m of this urgent care spend is urgent primary care

**Future Hierarchy of Service**



### Current Position

- February Governing Body agreed the process and timescales to undertake the formal consultation process regarding the re-organisation of primary care urgent care services in Sheffield.
- The team successfully completed Stage 1 of the Major Service Change Assurance Process on 27 Feb 2017
- A review of the proposed options and the actions required to achieve full assurance at the Stage 2 Checkpoint and a decision at May Governing Body was subsequently undertaken.
- It became clear that continuing with the timescales outlined in February would pose a number of risks. The Senior Management Team agreed on 14<sup>th</sup> March to elongate the development phase by 1 month in order to mitigate against the identified risks.
- It should be noted that this decision won't affect the timelines for formal consultation or the decision making process once the consultation is complete.



## What we are trying to achieve?

### Vision for Urgent Care

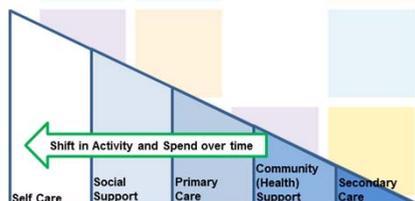
Our new model of urgent care will provide the most appropriate response where needed in the most appropriate setting that is easy to understand and to access for both patients and clinicians

#### Objectives of Urgent Care in Primary Care Review

- Reduce duplication and simplify access
- Reduce inequalities
- Reduce pressure in EDs
- Deliver care more locally and appropriately
- Supports sustainably resourced primary care
- Provides value for money

#### Refreshed options will:

- Be based on what we need in 5 years time, not what we have now
- Consider the whole Sheffield population needing/accessing primary urgent care (for clinical or social reasons)
- Incorporate the national 'must dos'
- Reflect the interdependencies with other SCCG programs and national drivers



### Progress over the last month

- A detailed plan developed for actions required over the next 2 months
- Engagement with vulnerable patient groups is ongoing
- Dialogue with the localities/neighbourhoods is ongoing
- Stakeholder engagement with providers (current and potential) and interested parties e.g. OSC, representative committees is currently being planned and/or scheduled in diaries
- The Case for Change working draft has been developed
- The date for the Major Service Change Assurance Process Stage 2 Checkpoint has provisionally been planned for 17<sup>th</sup> May
- The Urgent Care in Primary Care Steering Group and Working Groups have been established
- The Working Group has commenced development of further options and will present these in outline at the 4<sup>th</sup> May Governing Body for consideration
- Governing Body is asked to note the progress made over the last month, the actions planned for the next 8 weeks and the intention to present revised options in outline at the May Governing Body

